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OCT 11 2006
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Pat Sullivan	(Depositor's name)
<i>Pat Sullivan</i>	(Signature)
October 11, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/036,779	12/31/2001	Marc Goldburg	15685P113	4780

TITLE OF INVENTION: METHOD AND APPARATUS FOR INCREASING SPECTRAL EFFICIENCY USING MITIGATED POWER NEAR BAND-EDGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
TSE. YOUNG TOI	2611	375-227000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163) <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<i>Blakely, Sokoloff, Taylor & Zafman LLP</i> 1 _____ 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ArrayComm LLC

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Brent E. Vecchia

Date October 11, 2006

Typed or printed name Brent E. Vecchia

Registration No. 48,011

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FACSIMILE COVER SHEET

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Art Group: 2637

Facsimile No.: 571-273-2885

Date: October 11, 2006

From: Brent E. Vecchia, Reg. No. 48,011

Our Docket No.: 15685P113

Number of pages - 3 - including this sheet

Application No.: 10/036,779

Filing Date: 12/31/2001

Docket Due Date(s): 12/20/2006 |

Enclosed are the following documents

- Amendment: _____ (____ pgs)
- Appeal Brief (____ pgs)
- Application: _____
(____ pgs) w/cover & abstract
- Assignment & Cover Sheet (____ pgs)
- Certificate of _____
- Continued Prosecution Application (CPA)
- Declaration & POA (____ pgs)
- Drawings: ____ sheets, ____ figures
- Extension of Time: _____
- Fee Transmittal (in duplicate)
- IDS & PTO/SB/08 (____ pgs)
- Other _____

- Issue Fee Transmittal (in duplicate)
 - Notice of Appeal
 - Petition for: _____
 - Request for Continued Examination (RCE)
 - Reply Brief (____pgs)
 - Request & Certification Under 35 USC 122(b)(2)(B)(i)
 - Request to Rescind Previous Nonpublication Request
 - Response to Notice of Missing Parts & Formalities Letter
 - Response to Written Opinion (____ pgs)
 - Terminal Disclaimer
 - Transmittal of Publication Fee Due
 - Transmittal Letter

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Pat Sullivan 10/11/2006
Pat Sullivan Date

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